



2015 Specialized Recreation Program Participant Information & Liability Form

Participants

Name: _____

First

Middle

Last

Sex: Male ☐ Female ☐ Age: _____ Birth date: _____

Mailing Address: _____ City: _____ Zip: _____

Is the participant his/her own guardian? _____ ☐ **Will be bringing an Attendant to programs**

If Applicable- Name of Group Home Agency: _____

Contact Name: _____ Phone:() _____

Email: _____

Supervisor/House Lead of Group Home: _____

Parent/Guardian Numbers:

Name: _____ Relationship to participant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian Numbers:

Name: _____ Relationship to participant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Participants Home Phone:() _____ Participants Cell :() _____

E-mail address for program updates:

List two emergency contacts (not already mentioned):

1. _____ Relationship to participant: _____

Phone:() _____

2. _____ Relationship to participant: _____

Phone:() _____

HEALTH/PHYSICAL INFORMATION

Disability Diagnosis: _____

Medical Diagnosis: _____

Physical Disability: _____

Behavior/Emotional Diagnosis: _____

Cognitive Disability: _____

Dietary Restrictions: _____

Other: _____

Please Explain the Diagnosis/Disability: _____

Hearing Impaired: _____

Vision Impaired: _____

Are there any doctor restrictions on participant's activities, if so please explain: _____

If the participant has allergies, please list them and their reaction: _____

***If any serious reactions should occur, the City of Shoreline staff will immediately call 911**

Seizures

If the participant is subject to seizures, please describe type, frequency and duration: _____

Symptoms

Before: _____

During: _____

After: _____

Most recent: _____

*** 911 will be called for all seizures lasting longer than 5 minutes (or shorter if requested)**

PARTICIPANT COMMUNICATION

☐ Verbal ☐ Non-Verbal

If non-verbal, what communication methods are used:

If the participant uses any communication devices, please list: _____

Behaviors: To help the participant succeed and better accommodate their needs, please share any behavioral issues we should be aware of. Please be honest and descriptive:

☐ **Anger:** _____

☐ **Problems with Authority:** _____

☐ **Wandering:** _____

☐ **Withdrawn/Shy:** _____

☐ **Easily Discouraged:** _____

☐ **Hyperactive:** _____

☐ **Easily Distracted/Short Attention Span:** _____

☐ **Bites/Scratches/Kicks:** _____

☐ **Anxiety:** _____

☐ **Phobias:** _____

☐ **Self-Abuse** _____

☐ **Inappropriate/overt sexual behavior:** _____

☐ **Inappropriate behavior around children:** _____

☐ **Conviction of Sexual Offense:** _____

☐ **Other:** _____

Types of positive reinforcement: _____

Are there any settings or activities that might cause behavior difficulties? (i.e., noisy surroundings, airplanes, escalators, elevators, flashing lights, etc.?) _____

Describe the best way to get the participant involved in an activity: _____

Please indicate the best way to introduce or explain new tasks or transitions: _____

Please indicate what types of things frustrate the participant: _____

How can the participant be redirected? _____

Is this the first experience for the participant with our department? Yes: _____ No: _____

If no please list the name of the last few programs attended and when: _____

Any Additional Information we may find helpful:

Pick up and drop off arrangements:

- ☐ **Access**
- ☐ **Walks Home**
- ☐ **Parent/Guardian**
- ☐ **Group Home/Caretaker**
- ☐ **Family or Friend**
- ☐ **Public Transportation-** (☐ **The participant can leave at own will**)

Please list any concerns of transportation arrangements: _____

This information form will be kept on file in the Recreation Office.

In consideration of being allowed to participate in the recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department, I assume all risk of injury, damage and harm to myself which may arise from my participation or my child's/ward's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents and agree to waive any right of recovery that I may personally have in the future to bring a claim or lawsuit for damages against them for any personal injury, death, or harmful consequence occurring to me arising out of my participation or the child's/children's/ward's participation in the activity, unless the claim is the result of the City's sole negligence.

I hereby authorize the use of the photographs and/or videotapes of me or my child/children/ward as part of the City of Shoreline promotions. I understand that if I do not wish to have photographs taken, I must call (206) 801-2600 to request a photo waiver.

SIGNATURE OF PARTICIPANT: _____DATE:_____

SIGNATURE OF LEGAL GUARDIAN: _____DATE:_____

Please mail or bring this original, signed copy to:

**Shoreline Parks, Recreation and Cultural Services
Spartan Recreation Center
202 NE 185th Street
Shoreline, WA 98155
Attn: _____**

